Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

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AGENCY NAME Dept. of Finance and Administration/ OPTFM		CONTACT PERSON Sherri Hilton	TELEPHONE NUMBER 601.359.3566						
ADDRESS 501 North West Street, Suite 1301		CITY Jackson		STATE MS	ZIP 39201				
EMAIL SUBMIT Sherri.Hilton@dfa.ms.gov DATE 5/13/2014		Name or number of rule(s): Title 12, Part VI, Chapter V1 Rule 6.210 Debriefing							
Short explanation of rule/amendment	repeal and reason	(s) for proposing rule/amendme	ent/repeal: <u>N</u>	lew rule in a	accordance with				
PEER committee recommendation on vendor debriefings									
Specific legal authority authorizing the promulgation of rule: 31-7-9 / 27-104-7									
List all rules repealed, amended, or suspended by the proposed rule: New rule Title 12, Part VI, Chapter VI, Rule 6.210									
ORAL PROCEEDING:									
An oral proceeding is scheduled for this rule on Date: Place:									
Presently, an oral proceeding is not scheduled on this rule.									
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email add comment period, written submissions including	hould be submitted to t lude the name, address Iress, and telephone nur	he agency contact person at the above , email address, and telephone number nber of the party or partles you represi	address within r of the person(: ent. At any time	twenty (20) da s) making the r e within the tw	equest; and, if you are an venty-five (25) day public				
ECONOMIC IMPACT STATEMENT:									
Economic impact statement not required for this rule. Concise summary of economic impact statement attached.									
TEMPORARY RULES PROPO		SED ACTION ON RULES	FINAL ACTION ON RULES Date Proposed Rule Filed: 4/17/2014						
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Date Proposed Rule Filed: 4717/20 Action taken: X								
Printed name and Title of person a									
Signature of person authorized to	ile rulest	all fitter	<u> </u>						
OFFICIAL FILING STAMP		WRITE BELOWTHIS LINE	0	FFICIAL FILII	NG STAMP				
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Accepted for filing by	Accepted fo	Accepted for filing by Accepted for filing by							
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.									